

Kinesiology Schools Australia

K.S.A. Sydney
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Phone: 02 4648 0505

Kinesiology
Schools
Australia



ENROLMENT FORM

**Course Name :• Certificate IV in Kinesiology 2011(HLT42807)
MID YEAR INTAKE 18/19 JUNE 2011**

**Venue : International Institute of Kinesiology Australia
39 Mitchell Road, Alexandria 2015**

Personal Details

Name: _____
(Title, First Name, Surname Name)
Home Address: _____
Town/City: _____
State: _____ PC: _____
Phone: _____ Fax: _____
Mobile : _____
Email: _____
Date Of Birth: _____ / _____ / _____ M / F

Emergency Details

Medical Practitioner

Name: _____
Phone: _____
Address: _____
Town/City: _____
State: _____ PC: _____

In case of an emergency I hereby authorise Kinesiology Schools Australia or any member of its staff (including contract staff) to call an ambulance on my behalf and/or send me to the appropriate medical practitioner. I accept that I will be responsible for any costs incurred.

Signed: _____

Employment Details

Current Position: _____
Organisation: _____
Postal Address: _____
Town/City: _____
State: _____ PC: _____
Phone: _____ Fax: _____
Email: _____

Next of Kin

Name: _____
Relationship: _____
Phone: _____
Mobile : _____
Address: _____
Town/City: _____
State: _____ PC: _____

Tell us a little about yourself: (Please attach another piece of paper if needed)

Why do you want to do this training? _____

Why do you believe Kinesiology Schools Australia should accept you as a student?

The following is not a prerequisite. It helps the lecturers plan their lessons.

Previous Kinesiology Experience or Training: _____

School level achieved: _____

Other Qualifications: _____

I intend to apply for **Recognition of Prior Learning (RPL)** **YES NO** (please circle)
If yes, circle all subjects you intend to request an RPL for: Clinical Safety, Business Administration, A&P201, A&P301, Nutrition, Manage a Business, Mentoring, Research, Senior First Aid Certificate

PLEASE NOTE. Completion of Certificate IV is dependent on the participant attaining an up-to-date Senior First Aid Certificate. Please contact KSA for more information.

Where did you hear about us?

- Internet
- Living Now Magazine
- Sunday Mail
- Yellow Pages
- Other _____

Payment Details

No payments will be accepted at the course (See course prospectus for payment options)

PLEASE NOTE:

Enrolment will not be accepted unless payment accompanies application form.

Cash / Cheque / Money Order / Direct Deposit / Credit Card (please circle): \$

Certificate IV in Kinesiology 2011

Option 1

Full Payment of \$ **6.990 due 2 June** NO enrolment fee **SAVE \$ 560**

Option 2

Deposit \$ 1.600 due 2 June NO enrolment fee
7 instalments of \$ 850 (with enrolment form) due 1/7 -1/8 – 1/9 – 1/10 -1/11 – 1/12 – 1/1/12
total \$ 7.550

Details for credit card payments

(2,5 % surcharge applies for credit card payments)

I authorise Kinesiology Schools Australia to process the payment for the Certificate IV in Kinesiology.

- Visa MasterCard

Cardholder's name _____ Card Number _____ - _____ - _____ - _____

Expiry Date: ____ / ____ Signature: _____ Date: _____

I hereby confirm that to the best of my knowledge the information on this application form is true and correct and that it is not misleading in any way.

Signed: _____

Date: ____ / ____ / ____



March 2011 Ver 2.6

